

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
11

ACCOUNT #
00067957

| | | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------|
| 1 NAME | TITLE; FIRST; MI The Honorable Nicole D. | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 06/28/2019 | |
| | NICKNAME; LAST; SUFFIX Collier | | |
| 2 ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP PO Box 24241 Fort Worth, TX 76124 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS) | Receipt # | |
| | | HD / PM | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 3 TELEPHONE NUMBER | AREA CODE PHONE NUMBER; EXTENSION [REDACTED] | | |
| 4 REASON FOR FILING STATEMENT | <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) | | |
| | <input checked="" type="checkbox"/> ELECTED OFFICER State Representative, District 95 (INDICATE OFFICE) | | |
| | <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) | | |
| | <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) | | |
| | <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT | | |
| | <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) | | |
| | <input type="checkbox"/> OTHER _____ (INDICATE POSITION) | | |

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Gary Collier

DEPENDENT CHILD 1. _____
2. _____
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|
| 1 INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 24241 Fort Worth, TX 76124 POSITION HELD | | |
| <input checked="" type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION Attorney | | |

| | | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|
| INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER West & Associates, LLP ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 101 South Jennings Avenue Suite 210 Fort Worth, TX 76104 POSITION HELD Partner | | |
| <input type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION | | |

| | | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|
| INFORMATION RELATES TO | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Crowley ISD ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 512 Peach Street Crowley, TX 76036 POSITION HELD Teacher/Coach | | |
| <input type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION | | |

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Wells Fargo Home Mortgage |
| 2 LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 GUARANTOR | Wells Fargo Home Mortgage |
| 4 AMOUNT | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | SoFi Lendng |
| LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | SoFi Lending |
| AMOUNT | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] [REDACTED] |
| 3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Tarrant |
| 4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | Wells Fargo Home Mortgage |
| 5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1 HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 DESCRIPTION | NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Nicole D. Collier, PC [REDACTED] [REDACTED] | | |
| 3 IF SOLD | <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | |

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | | | | | | | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|--------------------------------------------------|-------------------------------|--------------------------------------------------------|----------------------------------------|--------------------------------------|--------------------------------------------------------------|--------------------------------------|
| 1 BUSINESS ASSOCIATION | <div>NAME AND ADDRESS</div> <div><input checked="" type="checkbox"/> (Check If Filer's Home Address)</div> <div>Nicole D. Collier, PC</div> <div>██████████</div> <div>██████████</div> | | | | | | | | | |
| 2 BUSINESS TYPE | <table><tr><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Limited Partnership</td><td><input type="checkbox"/> Profesional Association</td></tr><tr><td><input type="checkbox"/> Firm</td><td><input type="checkbox"/> Limited Liability Partnership</td><td><input type="checkbox"/> Joint Venture</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input checked="" type="checkbox"/> Professional Corporation</td><td><input type="checkbox"/> Other _____</td></tr></table> | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Profesional Association | <input type="checkbox"/> Firm | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Professional Corporation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Profesional Association | | | | | | | | |
| <input type="checkbox"/> Firm | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Joint Venture | | | | | | | | |
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Professional Corporation | <input type="checkbox"/> Other _____ | | | | | | | | |
| 3 HELD, ACQUIRED, OR SOLD BY | <table><tr><td><input checked="" type="checkbox"/> FILER</td><td><input type="checkbox"/> SPOUSE</td><td><input type="checkbox"/> DEPENDENT CHILD _____</td></tr></table> | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | | | | | | |
| <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | | | | | | | | |

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 BUSINESS ASSOCIATION | NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Nicole D. Collier, PC [REDACTED] [REDACTED] | |
| 2 BUSINESS TYPE | Professional Corporation | |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 4 ASSETS | DESCRIPTION computer, printer, software, office furniture, phone, and office supplies | CATEGORY <input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000 OR MORE |

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1 ORGANIZATION | Southeast YMCA |
| 2 POSITION HELD | Board, Member |
| 3 POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | West & Associates, LLP |
| POSITION HELD | Partner |
| POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | Nicole D. Collier, PC |
| POSITION HELD | Owner |
| POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |

LEGISLATIVE CONTINUANCES

PART 18

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

| | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------|
| 1 NAME OF PARTY REPRESENTED | Woodard, Lisa |
| 2 DATE RETAINED | 07/05/2014 |
| 3 STYLE, CAUSE NUMBER, COURT & JURISDICTION | Hammett v. Woodard, Justice of the Peace in her individual capacity; 2014-002106-2, Tarrant County |
| 4 DATE OF CONTINUANCE APPLICATION | 03/26/2019 |
| 5 WAS CONTINUANCE GRANTED? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☒ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☒ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☐ N/A Part 11A - Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☒ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☐ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Nicole D. Collier

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath